Name (Print/Type) con S. Panlaguas

PTC/SB/17 (01-06)
Approved for use through 07/31/2006 OMB 0651-0032

	Jon Act of 199	o no persona ara rec	quired to resp	DOLIG TO 9 CONSCIOU	of aniormatic	n uniuss it displays	PARTMENT OF COMMER 18 YEARD OMB CONTOL NUMBER			
					Con	ър <mark>lete if К</mark> лоч	ıa .			
FEE TRANSMITTAL FOR FY 2006  Applicant claims small entity status. See 37 CFR 1 27  TOTAL AMOUNT OF PAYMENT  (\$) \$2,090.00				Application Num	ber 09/	840,500				
				Filing Date	Apr	ril 23, 2001				
				First Named Inve	entor Ros	ger S. Tsai				
				Examiner Name		vens, Thomas	Н.			
				Art Unit	212					
				Attorney Pocket	No. 211	467-00201 (12	2-1128)			
METHOD OF PAYMEN	T (check a	il that apoly)								
			٦,,	<u> </u>						
		Money Order		•	eese identify	-				
Deposit Account				Deposi An			nin			
For the above-ident	-		ctor is here	by authorized to:	(check all t	hat apply)				
Charge fee(s	) indicated b	Blow		Charge	tee(s) indi	cated below, exc	ept for the filing fee			
Charge any a under 37 CFI	additional fee	e(s) or underpayme	ents of fee(	(s) Credit	any overpa	yments				
ARNING: Information on thi	is form may b	necome public. Cred	lit card info	mation snould no	t be included	q on this form. Pr	ovide credit card			
remarken and authorization (A			and All							
			,	ng or may be a	uplact to	a surcharge.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
BASIC FILING, SEAI	rch, and Filing			H FEES	FYAMINA	TION FEES				
Application Type	1	Small Entity		Small Entity		Small Entity				
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	F00.(5)	Fee (\$)	Fees Paid (\$)			
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300	<del></del>			
Provisional	200	100	0	0	Q	0				
2. EXCESS CLAIM FEES Fee Description					Fee (\$)	Small Entity FRE (\$)				
Fee Description	inaludian E	Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)								
Each claim over 20 (			อาครา			50 200	25 100			
Each claim over 20 ( Each independent cla	im over 3		ucs)			200	100			
Fac Description  Each claim over 20 ( Each independent cla  Multiple dependent of  Total Claims	im over 3	(including Reiss	-	<sup>2</sup> aid (\$)		200 360	· ·			
Fee Description  Each claim over 20 (a Each independent claims  Multiple dependent of Total Claims  - 20 or nP =	im over 3 claims Extra Clai	(including Reiss ma Fee (5)	<u>Fee F</u>	<sup>2</sup> aid (\$)		200 360	100 180			
Fee Description Each claim over 20 (a Each independent cla Multiple dependent of Total Claims - 20 or nP = mP = nignest number of total	im over 3 claims Extra Clair Gams pag t	(including Reiss  ms Fee (\$)  x  or, if greater than 20	_ =			200 360 Multiple De	100 180 <del>pendent Claims</del>			
Fee Description  Each claim over 20 ( Each independent cla  Multiple dependent of  Total Claims  - 20 or nP =  mP = migness number of total  ndep. Claims  - 3 or nP =	im over 3 claims Extra Claims claims paid to Extra Claims	(including Reiss  TAS Fee (5)  Or. of gresser man 20  TAS Fee (5)	_ = <u>Fee F</u>	Paid (\$)		200 360 Multiple De	100 180 pendent Claims			
Fee Description  Each claim over 20 (claim over 20 (claim)  Each independent claim over 20 or nP = -20	im over 3 claims Extra Clair claims pag to Extra Clair engen clair pendent claim	(including Reiss  TAS Fee (5)  Or. of gresser man 20  TAS Fee (5)	_ = <u>Fee F</u>			200 360 Multiple De	100 180 <del>pendent Claims</del>			
Esch claim over 20 ( Each claim over 20 ( Each independent cla Multiple dependent of Total Claims  - 20 or mP = mP = migness number of total ndep. Claims  - 3 or mP = mP = migness number of under APPLICATION SIZE	tim over 3 Estra Clab Estra Clab Estra Clab Estra Clab Estra Clab	(including Reiss  max Fee (5)  or, d gresser tran 20  max Fee (5)  x  x  x  x  x  x  x  x  x  x  x  x  x	Fee F	Paid (\$)	ectronical	200 360 Multiple De Fee (\$)	100 180 pendent Claims Fee Paid (\$)			
Fee Description  Each claim over 20 ( Each independent cla  Multiple dependent of  Total Claims  - 20 or mP =  mP = manest number of total  ndep. Claims  - 3 or mP =  mP = manest number of mane  APPLICATION SIZE  If the specification and  listings under 37 Claims	elaims Extra Clab claims claims page Extra Glab Extra Glab pendent claim FEE I drawings FR 1.52(e)	including Reiss  ras  Fee (\$)  or, if gresser man 20  mas  Fee (\$)  is paid for, if gresser to exceed 100 shee ), the application	Fee F	r (excluding eldue is \$250 (\$1	25 for sm	200 360 Multiple De Fee (5)	100 180 pendent Claims Fee Paid (\$)			
Fee Description  Each claim over 20 ( Each independent cla Multiple dependent of Total Claims  - 20 or nP =  - 20 or nP =  - 3 or nP =  - 3 or nP =  - 4P = inglest number of indep. Claims  - APPLICATION SIZE  If the specification and	elaims Extra Clab claims claims page Extra Glab Extra Glab pendent claim FEE I drawings FR 1.52(e)	(including Reiss  ms Fee (5)  or, d gresser man 20  ms Fee (\$)  is paid for, d gresser t  exceed 100 shee ), the application  35 U.S.C. 41(a	Foe F  Foe F  Frank S  Fits of paper  In size fee  X 1 (G) are  Ref of each	r (excluding eldue is \$250 (\$10 d) 37 CFR 1.16	25 for sm (s). Traction th	200 360 Multiple De Fee (5)  ly filed sequentall entity) for the	100 180 pendent Claims Fee Paid (\$)  cee or computer each additional 50			
Fee Description  Each claim over 20 ( Each independent cla Multiple dependent of Total Claims  - 20 or nP =  mP = nignest number of total indep. Claims  MP = nignest number of indep.  MP = nignest number of indep.  MP = nignest number of indep.  APPLICATION SIZE  If the specification and listings under 37 Cl sheets or fraction the Total Sheets  - 100 =  OTHER FEE(S)	aim over 3 claims Extra Claim claims paid to Extra Claim claims paid to Extra Claim pendent claim pe	(including Reiss  ms Fee (5)  or, d gresser man 20  ms Fee (\$)  s part for, d gresser t  exceed 100 shee  ), the application  35 U.S.C. 41(a  915 Number  / 50 =	For F  For F  From S  Tax of paper  The size fee to si	r (excluding eldue is \$250 (\$) additional 50 or (round up to a wi	25 for sm (s). Traction th	200 360 Multiple De Fee (5)  ly filed sequentall entity) for the	100 180 pendent Claims Fee Paid (\$)  see or computer each additional 50  Fee Paid (\$)			
Fee Description  Each claim over 20 ( Each independent cla Multiple dependent of Total Claims  - 20 or mP = mP = mignest number of total indep. Claims  MP = mignest number of indep.  APPLICATION SIZE If the specification and listings under 37 Cl sheets or fraction the Total Sheets	tim over 3 claims Extra Claims Extra Claims Extra Claim Extra Claim Extra Claim Extra Claim Extra Claim Extra Claim FEE Crawings FR 1.52(e) Extra Sha	including Reiss  ins Fee (5)  in, if greater tran 20  ins Fee (\$)  in part for, if greater to exceed 100 sheet ), the application is 35 U.S.C. 41(a  in the second 100 sheet is 50 = 130 fee (no small	For F  For F  From S	er (excluding eldue is \$250 (\$) address 50 or (round up to a wiscount)	25 for sm  (s).   <del>Traction th</del>  note number	200 360 Multiple De Fee (5)  ly filed sequentall entity) for the	100 180 pendent Claims Fee Paid (\$)  ace or computer each additional 50			

This collection of information is required by 37 CFR 1 136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1 14. This collection is estimated to take 30 minutes to complete uncluding gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form endors suggestions for reducing this burden, should be serve the Chief information Orificer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9188 and select option 2

Date

## RECEIVED CENTRAL FAX CENTER

MAR 2 7 2006

## KATTEN MUCHIN ROSENMAN LLP

525 West Morroe Street Cricago, H. 60661-3693

		312 902 5200 office 312 902.1061 fax						
FacsimileTo	Company	Fax Number Phone Number						
Mail Stop Appeal Brief - Patents - Compaissioner	USPTO	(571) 273-8300						
for Patents								
Date	C	lient/Matter Number						
March 27, 2006		11467-00201						
From	A	tlomey Number						
John S. Paniaguas	3:	2347						
Phone	F	ax						
312.902.5312	312.577.4532							
ı		including cover letter: pages () e pages, please call: 312.902.5312 20 DRALA						
Comments								
RE: Patent Application No.: 09/840,50 Filing Date: April 23, 20-1 Inventor: Roger S. Tsai Trile: Process Perturbant of Measure Confirmation No.: 4458		fuctor Device Technology Modeling						
Please file the attached: Fransmittal Form (1p.) Fee Transmittal (1 p.) Appeal Brief (15 pp).								
Pention for Extension of time (2pp.)								
	Certificate (	of Transmission						
((571 <u>) 2</u> 73-8300) on March 2	espondence is being facsi	mile transmitted to the U.S. Patent and Trademark Office						
Typed or printed nume of pe	rson signing this certification	ue)						
Signature	•							
For Messenger Department Use	Only	Important						
Your fax has been sent. Attached		This factimile transmission contains information intended for the activistic activity of the individual or entity to whom it is activissed and maj contian information that is propretary, proleged, confidential and/or exempt from disclosure under applicable law.						
Date Time	:	if you are not the intended recipient (or an employee or agent responsible for delivering this factional transmission to the intended recipient), you are hereby notified that any copying, disclosure or						
Signature		destribution of this information may any being, usclusion of this information that any being to past restriction of sacroom Please notify the sender by telephone to arrange for the return or destruction of the information and sit copies.						
_								
Cricano Low Vorb	Los Boomes Marchanton DC	CONTATO DAID AND MINISTER WALLESTON						

A Law Partnership including Professional Corporations

Doc #-CHI01 (211467-00201) 50 .09092v1;09/26/2005/Time:17:57

PTO/SB/21 (09-04)

T-065 P.02/05 F-733

Under the Pa	aperwork F	Reduction Act of 198	5 no persor	ns see forwed to respond t	U.S. Par	ent and Tra	radamank ()	Officer L	I through 07/31/2006. OMB 0651-01 U.S. DEPARTMENT OF COMMER LOTEOISUS & VAIIG OMB CONTROL NUMI	DOF
	Annia.	SOUGHALL THE REAL PROPERTY.		Application Number		19/840.500	~	1533 m	CHECKET S VAIIS CARD CORRES HOLD	Dei
TR	TRANSMITTAL			Filing Date	A	April 23, 2001				
	FO	ORM		First Named Inventor	R	Roger S. Te	881			
		,		Art Unit	2	129				
(to be used for	r au corres	pongence etter (nibal	l filing)	Examiner Name		Stevens, Th	nomas H			
\		This Submission		Attorney Docket Num	per 2	11467-002	246 (12-11)	(28)		1
			ENC	LOSURES (Chec	ck all th	at apply)	<del></del>			
☐ F	nsmittal Form			Drawing(s) Licensing-related Papers	15			After Allowance Communication to  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC	rc	
Express /	After Final Affidavits/declaration(s)  Affidavits/declaration(s)  Affidavits/declaration(s)  Affidavits/declaration(s)  Affidavits/declaration(s)			Petition Petition to Convert to a Provisional Application Power of Attorney, Revo Change of Corresponder Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table of	ence Add	iress		(Appeal Notice, Brief, Repty Brief) Proprietary Information Status Letter Other Enclosure(s) (please identification):		
Certified (	Copy of F nt(s)	Priority	Remar	ika			*****			
Incomplet		ation Alssing Paris CFR 1.52 or 1.53								
		SIGNA	TURE	OF APPLICANT, AT	TORN	VEY, O	RAGE	NT	7)	
Firm Name	Katten	Muchin Rosenmar	n LLP	-						
Signature	9	rh 5	Pan	works	N					
Printed name		. Panjagyaş	, <del>11</del>	7	~			-		
Date	Date 3-27-06 R					Reg No 31,051				
I hereby certify the sufficient postage the date shown be	iai mis co e as first c	C Orrespondence is b	nemo tacsim	CATE OF TRANSMI mile transmitted to the U dressed to: Commission	ISBTO o	or deposite	TOO IN TO TO	ne un  450, /	ilted States Postal Service with Nexandha, VA 22313-1450 on	¥ 0
Signature	200	Jane	eli C	2. Wigger	ns					
Typed or printed r	name	Janesia A Wiggin			<u> </u>		ľ	Date	3-27-06	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a leaners by the public which is to file (and by the USPTO to Piccess) an application. Confidentiality is governed by 35 U.S.C. 122 and 57 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this puriden, should see sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA. 22313-1450, P.O. POT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450.